## Foster Family Home - Corrective Action Report

Provider ID: 1-140005

Home Name: Shiela Marie Dupra, CNA Review ID: 1-140005-9

94-584 Apii Place Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 3/5/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 4/5/2021.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#1.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No rental agreement and written authorization present in the CCFFH binder.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- CCFFH's screen door near the living room and kitchen with multiple holes; insects/bugs/mosquitoes can come in and possibly bite the clients.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency

situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence present of having been trained in the CCFFH's emergency preparedness plan.

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## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Shiela Marie Dupra

(PLEASE PRINT)

CCFFH Address:

94-584 Apii Pl. Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16.(b) (5)	PCG had HHM#1 trained and sign the confidentiality policies and procedures and client privacy rights.	3/6/2021	PCG will create a checklist of all current HHM and SCGs that needs training and check off once it has been done.
41.(a) (1)	PCG obtained rental agreement and written authorization from the landlord.	3/6/2021	PCG will remind landlord periodically regarding the rental agreemant no later than 30 days of moving in.
49.(c)3	PCG was replaced a new screen for the door to ensure no insects/bugs/mosquitoes can come in and possibily bite the clients.	3/10/202	PCG will make a monthly house inspection to see if anything in the house is needed to be replaced or fixed to ensure the safety of clients.
50.(a)	PCG had CG#3 trained and signed on CCFFH's emergency preparedness plan.	3/4/2021	PCG will create a checklist of all HHMs and SCGs that needs to be trained then check off once it has been completed.

✓ All items that we	re fixed are attached to this CAP	1(1)(10)
PCG's Signature:	the work	Date: 9/9/2/
^		-,1-10

CTA has reviewed all corrected items